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## The Art of Veterinary Practice

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# The Art of Veterinary Practice

by  
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Medicine, indeed veterinary medicine, as a science has made enormous progress with the unfolding of time. On the other hand the application or practice of this science would seem to progress at a much slower pace, if at all, and cannot properly be called a science being instead an art. Consequently, each generation of practitioners must learn afresh all those skills which enable it to deal with patient and client alike.

Alas, even in a nepotistic situation wherein a given practice is transferred from generation to generation, the heritage of this art would seem to be slight if any. To the young practitioner, perplexities surrounding the mastery of this art can become either an insurmountable enigma or a challenge which will stimulate his interest in his chosen profession throughout his career. Mastery of this art is the vehicle upon which the practitioner's manual skills and scientific knowledge are carried to become useful to himself and society. Conversely, lack of this mastery can limit the professional achievement of the practitioner.

Unfortunately, today's formal training in veterinary medicine is directed almost entirely toward the science of medicine to

the exclusion of the art of its practice. Few, if any, axioms for a successful practice experience have been established and taught; and each year's crop of graduating veterinarians is extruded into society to swim or sink as practitioners.

Those who sink often become disenchanted with their profession and frustrated at their inability to consummate their scientific education, with some even leaving the profession. On the other hand, many who stay afloat can often manage only to tread water and therefore never achieve their full potential. In either case, there is a tremendous gap between the talent that is available and the talent that is utilized by society.

Still another group are those who become engulfed in the superficial success of moderate or full-blown affluence, and while swimming somewhat, often miss the mark of conducting an artful practice.

Just as the master painters of old had to establish harmonious control over canvas, oil, brush, subject, and mood, so must an artful veterinary practitioner establish a harmonious relationship between a number of factors.

The scope of this article is not to establish axioms but to list some of those factors which should be considered by the practitioner. This list is not necessarily all-inclusive, arranged in order of impor-

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tance, or sequentially related. The factors are listed and the accompanying questions and remarks are abbreviated so that they might be used as a checklist by the beginning practitioner. These factors would seem to be of a dual nature in that each can be applied in context to first, the individual case and second, to the overall nature of the practice. Thus, as a matter of convenience, they are listed twice in outline form under those general headings respectively.

I. Factors to consider as they relate to each individual case:

A. Self

1. Do you recognize the problem?
2. In the absence of a diagnosis, have you nonetheless developed an orderly thought sequence and approach to the problem?
3. Have you taken the straight line approach or have you sold services of questionable value?
4. Are you confident you can handle the case or will it require you to break the meniscus of your present capability? If so, have you selected your "frontier" case wisely?
5. Can your client follow your reasoning?
6. Can your client reasonably expect (short of a guarantee) some results from your approach?
7. Can your client trust you?

B. Client

1. Does he have confidence in you?
2. Is he a second guesser or does he have his own diagnosis?
3. Can he face the truth?
4. Can he understand you?
5. Can he afford the course of treatment proposed by you?
6. Can he face disappointment?
7. Does he pay his bills?
8. What role does the patient play in his life?
9. Is he stable or is he a "vet-hopper/tale-dropper"? (Be cautious with one who knocks your colleagues.)
10. Can you serve this client with-

out prejudice or other distraction (including physical involvement)?

11. Can this client assume responsibility for management of the case at home?

C. Patient

1. Is your attitude toward him one of concern and compassion?
2. Can you adequately control and restrain him?
3. Will your course of treatment return him to productivity or normal activity within a reasonable time?
4. Will the recovered patient be a burden or nuisance to its owner?
5. Is treatment humane or should alternatives (including euthanasia) be considered?
6. Does his temperament preclude outpatient handling?

D. Employees

1. Are they trained in the procedure proposed?
2. Do they have a healthy attitude toward patient and client?
3. Can they adequately restrain the patient or assist in the procedure without undue personal danger?

E. Practice scope and facilities

1. Does assumption of this case agree with your stated or envisioned concept of practice?
2. Do you have the space, tools, and equipment to handle this case?

F. Suppliers/Vendors

Do you have, or can you obtain in sufficient time the products necessary to properly handle the case?

G. Finances/Charges

1. Can and will your client afford to pay you what you are charging?
2. Are your charges or estimates
  - a. realistic to you?
  - b. reasonable to your client?
  - c. consistent with what you are charging others for similar services?

3. Do your charges make provisions for any exceptional demand this particular client may place upon you, e.g. credits, after-care, telephone consultation.
- H. Community
1. Does this case have any public health or epizootic significance?
  2. Does your proposed course of action take these into consideration?
- I. Profession
1. Should you refer this case?
  2. Have you managed this case without damaging the reputation of a colleague?
  3. If this case was referred to you, have you abided by the ethics of referrals?
- J. Time
1. Can this case be adequately accommodated in your schedule?
  2. Can your actions be altered to better accommodate your clients schedule without undue disruption of your work?
  3. Can treatment be delayed?
- K. Family
- Is there a special consideration in the client's family; i.e. children, blind, retarded, or older people who may not be present to represent their needs or desires.
- L. Alternatives
1. Have you informed your client about his options and alternatives?
  2. Have you plotted a reversible course of action?
- M. Higher Authority
1. In your management of this case have you limited your actions to proper diagnosis and treatment only or have you trespassed into the area of cures or healing as well?
  2. Have you recognized your limitations?
  3. Have you allowed or encouraged your client to expect too much of you?

## II. Factors to consider as they relate to the overall nature of the practice:

### A. Self

1. Are you happy as a practitioner?
2. Do you like dealing with the public?
3. Have you properly fitted your practice restrictions or advanced training to your aptitudes, desires, and physical restrictions?
4. Are you reasonably satisfied with your ability to serve your clients and patients?
5. Do you have self-confidence and, if so, do you project this to your clients?
6. Are you arrogant or vain?
7. Are you trustworthy?
8. Do you recognize approximately what your personal limitations are and can you admit this when prudent?
9. Are you happy with the geographical location of your practice?

### B. Client

1. Do they feel at your mercy or are they generally at ease and confident when in your clinic?
2. Are they treated with courtesy and respect by you and your employees?
3. Does your mode of operation lend itself to efficiency and smooth processing of their needs?
4. Is their time respected by you and your employees?
5. Do you attempt to educate them or merely to scold them?
6. Are they treated with condescension or contempt?
7. Are they inspired or encouraged by the activities in your clinic?
8. Are they kept informed?
9. Do they return?

### C. Patient

1. In the event of an overwhelming case load are efforts expended where:
  - a. need is greatest?

- b. expectation for results is greatest?
2. Is your approach chosen in respect to patients existences; i.e. individual or herd basis or economic versus companionship purpose?
- D. Employees
 

Are you concerned about employees:

  - a. wages and livelihood?
  - b. training and growth?
  - c. safety?
  - d. future?
- E. Practice, Scope and Facilities
  1. Are they adequate to serve present and future needs?
  2. Are they expanding or otherwise changing to meet new and different needs?
  3. Are they flexible enough to change as the future need of the area might require?
- F. Suppliers/Vendors
  1. Are you courteous to salesmen?
  2. Do you properly use the training and ability of salesmen to keep briefed on new products?
  3. Do you understand the terms of your vendors and do you stay within them?
  4. Do you patronize those who serve you best or do you rely on brand loyalty or personality preferences?
- G. Finances/Charges
  1. Are your fees consistent with those of other area practitioners?
  2. Are you making a profit?
  3. Are you providing for the future of your practice facilities?
  4. Are you providing for your retirement days?
  5. Are you providing for modest practice related research?
  6. Do you collect your outstanding accounts regularly and firmly?
- H. Community
  1. Are your facilities neat and orderly or are they a community nuisance?
  2. Is the community proud of your operation?
3. Is your operation preparing for the future?
- I. Profession
  1. Do you maintain good relations with your colleagues?
  2. Are you building your practice or reputation at the expense of nullifying a colleague?
  3. Are you continuing your professional growth through continuing education?
  4. Do you have a protectionist attitude that discourages new talent from coming into your practice area?
  5. Do you work well with your partners?
- J. Time
  1. Are your methods employing technological advances to the benefit of your clients?
  2. Are you ordering your daily work schedule properly?
  3. Are you dependable regarding your office hours and ambulatory appointments?
- K. Family
  1. Is your family "orphaned" by your practice schedule?
  2. Are you providing your family's financial needs, present and future?
  3. Is your family proud of what you are doing?
- L. Alternatives
 

Could your practice change its scope if necessary for your health or for the community's needs?
- M. Higher Authority
  1. Could your practice recover in the event of unforeseen circumstances?
  2. Is your attitude one of self-sufficiency or humility?

Undoubtedly, there has been some topical overlapping with other areas having been slighted or omitted altogether. No pretense of wisdom or special insight is being made. If, however, one or a few readers are stimulated to devote more serious thought to the subject of the art of veterinary practice, this effort will have been rewarded.